



## Vaccine for Children Program Forms Request

|                               |                     |                 |
|-------------------------------|---------------------|-----------------|
| <b>PRACTICE FACILITY NAME</b> | <b>CONTACT NAME</b> | <b>VFC PIN</b>  |
|                               |                     |                 |
| <b>MAILING ADDRESS</b>        |                     |                 |
|                               |                     |                 |
| <b>CITY</b>                   | <b>STATE</b>        | <b>ZIP CODE</b> |
|                               |                     |                 |
| <b>TELEPHONE</b>              | <b>FAX</b>          | <b>DATE</b>     |
|                               |                     |                 |

**\*\* All Vaccine Information Sheets are available at [immunize.org/vis](http://immunize.org/vis)\*\***

| Delaware VFC Resource Forms                      |                             | QUANTITY                    |                              |                              |
|--|-----------------------------|-----------------------------|------------------------------|------------------------------|
| Vaccine Administration Form with VFC Eligibility |                             | <input type="checkbox"/> 50 | <input type="checkbox"/> 100 | <input type="checkbox"/> 200 |
| Immunization Reporting (IR) Form                 |                             | <input type="checkbox"/> 50 | <input type="checkbox"/> 100 | <input type="checkbox"/> 200 |
| VFC Eligibility Form                             |                             | <input type="checkbox"/> 50 | <input type="checkbox"/> 100 | <input type="checkbox"/> 200 |
| White Return Envelopes                           |                             | <input type="checkbox"/> 10 | <input type="checkbox"/> 20  | <input type="checkbox"/> 50  |
| Vaccine Schedule                                 |                             | <input type="checkbox"/> 1  | <input type="checkbox"/> 5   | <input type="checkbox"/> 10  |
| VFC Vaccine Order Form                           |                             | <input type="checkbox"/> 1  | <input type="checkbox"/> 4   |                              |
| VFC Stickers pack                                |                             | <input type="checkbox"/> 1  | <input type="checkbox"/> 4   |                              |
| Temperature Log                                  | <input type="checkbox"/> C° | <input type="checkbox"/> 1  | <input type="checkbox"/> 4   | <input type="checkbox"/> 12  |
|  | <input type="checkbox"/> F° | <input type="checkbox"/> 1  | <input type="checkbox"/> 4   | <input type="checkbox"/> 12  |

Delaware VFC resources may be found on the Immunization's Webpage:

<http://www.dhss.delaware.gov/dhss/dph/dpc/immunize.html>

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|----------------------------|
| <b>For Office Use Only</b> |
| Date Forms Sent:           |
| Comments:                  |

Please fax forms request to: 1-302-741-9102